

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS   | ID NO.         | DATE            |
|---------------------------|------------|----------------|-----------------|
| FEE DETERMINATION         |            |                |                 |
| O.I.P.E. CLASSIFIER       | <i>AL</i>  |                |                 |
| FORMALITY REVIEW          | <i>BL</i>  | <i>503-283</i> | <i>16-11-01</i> |
| RESPONSE FORMALITY REVIEW | <i>WAT</i> | <i>571</i>     | <i>10/05/01</i> |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 : ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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*10-11-01*  
*WAT*  
*6-1-7*  
*10-11-01*